Appl. No. 10/748,105 Response Dated: June 22, 2009 Reply to the Office Action of January 8, 2009

Amendments to the Claims:

This listing of claims will replace all prior versions, and listings, of claims in the application:

Listing of Claims:

1. (Currently Amended) A <u>computing</u> system to integrate a defined contribution plan with a health plan comprising:

a claim processing system;

a health plan management software module; and

a defined contribution management software module integrated with the health plan management software module, both the health plan management and defined contribution software modules operable by the claim processing system to:

create a defined contribution application for the health plan to allow for the entry of information for the defined contribution plan, the defined contribution plan being either a Health Reimbursement Arrangement (HRA) account or a Flexible Spending Account (FSA) account;

link defined contribution plan information to the health plan; and establish allocation rules and amounts for the defined contribution plan which comprises,

for the HRA, determining whether HRA allocated amounts are to be carried over, and

for the FSA, defining parameters including a claim submission method considered during FSA claim processing.

2. (Currently Amended) The <u>computing</u> system of claim 1, further comprising a claim processing defined contribution software module integrated with a health plan claim processing software module, both the health plan claim processing and defined contribution claim processing software modules operable by the claim processing system to:

perform claim processing; and determine a claim payment for a member based on the defined contribution plan.

- 3. (Currently Amended) The <u>computing</u> system of claim 1, wherein the health plan claim processing and defined contribution claim processing software modules store a record of a claim payment for the defined contribution plan for access by a member, provider, employer, broker or employee of the health plan.
- 4. (Currently Amended) The <u>computing</u> system of claim 3, further comprising a network interface to couple the claim processing system to a network, wherein a member of the health plan utilizing a computing device accesses a record of a claim payment for the defined contribution plan through the network.
 - 5. (Canceled)

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- 6. (Currently Amended) The <u>computing</u> system of claim 1, wherein establishing allocation rules and amounts for the HRA comprises defining parameters including at least one of copays, deductibles, coinsurance, and patient liability portions that are considered for payment by the HRA during claim processing.
- 7. (Currently Amended) The <u>computing</u> system of claim 1, wherein establishing allocation rules and amounts for the HRA comprises defining a member's allocation amount and tier.
 - 8. (Canceled)
 - 9. (Canceled)
- 10. (Currently Amended) The <u>computing</u> system of claim 1, wherein establishing allocation rules and amounts for the FSA comprises defining parameters including an FSA allocation amount that is considered during FSA claim processing.
- 11. (Currently Amended) A method to integrate a defined contribution plan with a health plan on a computing system, the method comprising:

creating a defined contribution application for the health plan to allow for the entry of information for the defined contribution plan, the defined contribution plan being either a Health Reimbursement Arrangement (HRA) account or a Flexible Spending Account (FSA) account;

linking defined contribution plan information to the health plan; and establishing allocation rules and amounts for the defined contribution plan which comprises,

for the HRA, determining whether HRA allocated amounts are to be carried over, and

for the FSA, defining parameters including a claim submission method considered during FSA claim processing.

- 12. (Original) The method of claim 11, further comprising performing claim processing utilizing the defined contribution plan.
- 13. (Original) The method of claim 12, wherein performing claim processing utilizing the defined contribution plan includes determining a claim payment to a member based on the defined contribution plan.
- 14. (Original) The method of claim 13, further comprising storing a record of a claim payment for the defined contribution plan for access by a member.
- 15. (Original) The method of claim 14, wherein a member, provider, employer, broker or employee of the health plan utilizing a computing device accesses a record of the claim payment for the defined contribution plan through a network.

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- 16. (Canceled)
- 17. (Previously Presented) The method of claim 11, wherein establishing allocation rules and amounts for the HRA comprises defining parameters including at least one of copays, deductibles, coinsurance, and patient liability portions that are considered for payment by the HRA during claim processing.
- 18. (Previously Presented) The method of claim 11, wherein establishing allocation rules and amounts for the HRA comprises defining a member's allocation amount and tier.
 - 19. (Canceled)
 - 20. (Canceled)
- 21. (Previously Presented) The method of claim 11, wherein establishing allocation rules and amounts for the FSA comprises defining parameters including an FSA allocation amount that is considered during FSA claim processing.
- 22. (Previously Presented) A machine-readable medium having stored thereon instructions, which when executed by a machine, cause the machine to perform the following operations comprising:

creating a defined contribution application for the health plan to allow for the entry of information for the defined contribution plan, the defined contribution plan being either a Health Reimbursement Arrangement (HRA) account or a Flexible Spending Account (FSA) account;

linking defined contribution plan information to the health plan; and establishing allocation rules and amounts for the defined contribution plan_which comprises,

for the HRA, determining whether HRA allocated amounts are to be carried over, and

for the FSA, defining parameters including a claim submission method considered during FSA claim processing.

- 23. (Original) The machine-readable medium of claim 22, further comprising performing claim processing utilizing the defined contribution plan.
- 24. (Original) The machine-readable medium of claim 23, wherein performing claim processing utilizing the defined contribution plan includes determining a claim payment to a member based on the defined contribution plan.
- 25. (Original) The machine-readable medium of claim 24, further comprising storing a record of a claim payment for the defined contribution plan for access by a member.

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- 26. (Original) The machine-readable medium of claim 25, wherein a member of the health plan utilizing a computing device accesses a record of the claim payment for the defined contribution plan through a network.
 - 27. (Canceled)
- 28. (Previously Presented) The machine-readable medium of claim 22, wherein establishing allocation rules and amounts for the HRA comprises defining parameters including at least of one copays, deductibles, coinsurance, and patient liability portions that are considered for payment by the HRA during claim processing.
- 29. (Previously Presented) The machine-readable medium of claim 22, wherein establishing allocation rules and amounts for the HRA comprises defining a member's allocation amount and tier.
 - 30. (Canceled)
 - 31. (Canceled)
- 32. (Previously Presented) The machine-readable medium of claim 22, wherein establishing allocation rules and amounts for the FSA comprises defining parameters including an FSA allocation amount and a claim submission method that are considered during FSA claim processing.

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